

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW VENTURE FUND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 CONNECTICUT AVENUE, NW 300 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 F Name and address of principal officer: LEE BODNER SAME AS C ABOVE	D Employer identification number 20-5806345 E Telephone number (202) 595-1061 G Gross receipts \$ 363,357,994. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ HTTP://WWW.NEWVENTUREFUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2006 M State of legal domicile: DC		

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT INNOVATIVE AND EFFECTIVE PUBLIC INTEREST PROJECTS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	577
	6	Total number of volunteers (estimate if necessary)	115
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	363,725,355.
	9	Program service revenue (Part VIII, line 2g)	3,205,477.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,345,683.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,695,199.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	357,581,316.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,285,885.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,985,269.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,087,671.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,406,999.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,188,122.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	264,546,947.
	19	Revenue less expenses. Subtract line 18 from line 12	93,034,369.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	42,489,604.
22		Net assets or fund balances. Subtract line 21 from line 20	321,816,285.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶	Signature of officer	Date		
	▶	LEE BODNER, PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	YONG ZHANG, CPA				P01249785
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Phone no. 703-336-6400			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No